



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R15 / 5-19)

Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

					FILE NUMBER
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please enter the file number in this box.</i> →					32-26-010
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name Murphy	First Name James	Middle Name F	Nickname Jim	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address (number and street, city, state, and ZIP code) 10726 N. State Road 267			5. FAX (Optional) ()		6. E-mail Address (Optional)
7. City Br0wnsburg	State IN	ZIP Code 46112	8. County Hendricks	9. Telephone (Day) (317) 640 1129	10. Telephone (Evening) ()
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Brown Township Trustee, hendricks County. Brown		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
13. Full Name of Committee (Do not abbreviate.) <input type="checkbox"/> Check if this is a new name. Jim Murphy for Trustee					
14. Mailing Address (number and street, city, state, and ZIP code) 10726 N. State Road 267			15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City Brownsburg	State IN	ZIP Code 46112	18. County Hendricks	19. Telephone (317) 640 1129	20. Committee Organization Date (mm/dd/yy) 01/21/26
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson. <input type="checkbox"/> Check if this is a new chairperson. James F (Jim) Murphy					
22. Mailing Address (number and street, city, state, and ZIP code) 10726 N. State Road 267			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City Brownsburg	State IN	ZIP Code 46112	26. County Hendricks	27. Telephone (Day) (317) 640 1129	28. Telephone (Evening) ()
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Hendricks County Bank and Trust Company					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer James F (jJim) Murphy		Signature of the Committee Chairperson
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer. <input type="checkbox"/> Check if this is a new treasurer. James F (Jim) Murphy					
34. Mailing Address (number and street, city, state, and ZIP code) 10726 n. State Road 267			35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Brownsburg	State IN	ZIP Code 46112	38. County Hendricks	39. Telephone (Day) (317) 640 1129	40. Telephone (Evening) ()
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)					
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment	
SECTION E. CERTIFICATION OF STATEMENT					
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.					
42. Typed or Printed Name of Chairperson James F (Jim) Murphy		Signature of Chairperson		Date (mm/dd/yy)	
43. Typed or Printed Name of Candidate James F (Jim) Murphy		Signature of Candidate		Date (mm/dd/yy)	
Warning: State law requires that any change in this information be reported within ten (10) days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Level 6 D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).					
FOR OFFICE USE ONLY <i>Marjorie Prie</i> 202 FEB 17 AM 8:28 EINOTERINDIAS.COM FILED					